

processed +  
checked

Collaborator if any

Artist PETER ELLOIAN

Address 13141 CEDAR RD., CLEVE HTS

Shipping Address

Tel. FA 1-0682

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank.

PRICE

TITL

MEDIUM

CLASS

DO NOT WRITE IN  
THESE COLUMNS[illegible]

Use second blank if required

Permission to print prices on labels granted unless declined here.

## IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1961.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Peter Elloian  
SIGNATURE

SIGNATURE \_\_\_\_\_